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APPLICANTS
 Robert F. Bretl, Beaverton, OR;
 David J. Monnie, Portland, OR;
 Darrel S. Schneider, Aloha, OR;
 Bruce J. Schuchardt, Newberg, OR;
 David M. Whitlock, Portland, OR;
 Eric J. Zoerner, Portland, OR;
 Michael A. Nastos, Portland, OR;

**** CONTINUING DATA ******* *NONE AR*

**** FOREIGN APPLICATIONS ******* *NONE AR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 3	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Anson Rabovianski</i> Examiner's Signature <i>AR</i> Initials				

ADDRESS
021034

TITLE
Shared object memory with object management for multiple virtual machines

FILING FEE RECEIVED 477	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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